# Mental Hospitals

APRIL 1955
Volume 6 Number 4

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"Safe at third", the umpire decrees, as this patient slides into base during a baseball game at Trenton (N. J.) State Hospital

*In this issue:*

# THORAZINE*

IN

# SCHIZOPHRENIA

"Our most encouraging results have occurred in chronic schizophrenics who were resistant to all psychiatric therapies, including psychotherapy, intensive shock therapy, or did not maintain improvement after prefrontal lobotomy. After they were placed on the 'Thorazine' program, 17 of the 27, or 63% of the shock treatment failures improved sufficiently to be discharged home."

*Ford, H., and Jameson, G.K.: Paper presented at A.M.A. Clinical Meeting, Miami, Florida, Dec., 1954.*

'Thorazine' Hydrochloride is available in 10 mg., 25 mg., 50 mg. and 100 mg. tablets; 25 mg. (1 cc.) and 50 mg. (2 cc.) ampuls; and syrup (10 mg./5 cc.).

Additional information on 'Thorazine' is available on request.

Smith, Kline & French Laboratories

1530 Spring Garden Street, Philadelphia 1

*T.M. Reg. U.S. Pat. Off. for S.K.F.'s brand of chlorpromazine.

## THIS MONTH'S COVER

Every year about this time, kids on sand lots in nearly every village and town in America and professionals on finely manicured baseball diamonds await the cry, "Play Ball!" Just as in the ball game, so too in our mental hospitals does team play have a vital bearing on the Won and Lost scores.

Every baseball player understands the necessity of coordinated team work on the field. He knows that winning is not just a matter of hits and runs chalked up by nine men, but also depends on the work done off-field by the other members of the team, from manager to bat boy. This is equally true in a mental hospital: from the superintendent to the attendant, each plays his part to win a victory—the victory of the patient's discharge.

The cover picture depicts a ball game at the New Jersey State Hospital, Trenton, showing a patient safe at third—or if you prefer baseball parlance, "the hot corner." Allegorically speaking, the umpire calling the play could very well be the superintendent. Not long ago he watched this patient step up to bat upon his admission. He saw the coach (one of the doctors) take over. He wondered: will he strike out, or will he make a hit and take that first step toward first base, then second, then third, and finally earn the umpire's greatest call of all, "Safe at Home." (On the sidelines, cheering the patient on, were his family—a very necessary part of the game.)

It requires the contribution of each person in the game, made individually but in unity, to enable the patient to circle the base paths of his illness and arrive at home plate.

EWING W. JOINER, Administrative Asst.
N. J. State Hospital, Trenton

**Ed. Note:** Baseball can not only be *compared* to rehabilitation, as Mr. Joiner has very aptly done; in most state institutions it actually is used as form of rehabilitation, along with other sports and recreational activities. The value of such activities was noted a few years ago by Dr. Gerald L. Goodstone, at that time Chief of Physical Medicine and Rehabilitation at the VA Center in Los Angeles. In speaking to a group of Special Services Adapted Sports personnel, Dr. Goodstone presented the role of sports and recreation in the psychiatric hospital in this manner: "When a patient enters a hospital, he enters a new world. It is a world full of inhibitions, restrictions, rules, regulations. . . . . In the mere fact of hospitalization we find things which will make the patient continue to stay ill, rather than help him get well. . . . Usually the only things the patient recognizes as normal in the hospital are your activities. Certainly there is little else that is normal. Standing in line for food and sleeping in a big room with 35 other patients . . . are not what the patient knew at home. However, he will recognize the normality of a baseball game and of bowling, and he will (find these activities) a link between the outside world and the hospital."


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# RECREATIONAL THERAPY EXPERIENCES WITH MENTALLY ILL CHILDREN

By SARAH K. ZELLNER

*Assistant Director, Recreational Therapy*
*N. J. Neuro-Psychiatric Institute*

***Ed. Note:*** *This paper, hitherto unpublished, received the Annual Award* of the Board of Managers of the N. J. Neuro-Psychiatric Institute this year. It has been cut somewhat to fit our available space.*

For those of us who have made a profession of recreation, either for the well or ill, the fact is soon learned: recreation is as individual as the person.

When the Institute was a State Village for the care and treatment of epileptics, recreation was primarily of the passive, spectator type, in line with patients' physical abilities. With the advent of psychotic, emotionally disturbed and behavior problem child patients, a valiant attempt has been made by many, including Institute and Volunteer Service personnel, to meet the needs of these children's leisure time. Many interesting experiences have resulted.

Our child patients are basically no different from other children, except that some of the ingredients are a bit mixed up, over-emphasized, or undeveloped as a result of neglect or overprotection. They love ice cream, bubble gum, comic books, and noise. So they ride on the fire engine in good weather, squealing with all the delight of other children. Boys who are behavior problems might sneak a fire hat to put on, but they do not touch rolled up hose, because to do so would mean no more rides. They go fishing—girls and boys on separate trips, because what boy wants to be bothered with girls on a fishing trip? And what girl is not too smart to hesitate to show up the boys by always catching more and bigger fish? More active children take the long walks to get bait for the trips; scared little ones learn to conquer some fears by baiting hooks and who is to say—if they muster up the courage to fight small fears, can it but help to conquer greater ones? They love to run and jump and climb and crawl up, over and under, so hikes to the woods—fairyland to all children—are frequent. Only a small boy or girl can find the wonderful treasures hidden in running streams, or marvel so at the lack or quantity of water as seasons decide. Children who climb hills, run and laugh, for the time being at least, throw off their symptoms of emotional disturbance. Our children sing, grumble, dance, hike to picnics, consume vast quantities of food, play, fight, make up to eat again, and go back to their cottages ready for bed and rest.

They are television fans of the worst order; they know so much about the times, stations of programs, you feel a bit foolish at your own ignorance. Some who have both physical and emotional disabilities have taught themselves to dance and to sing popular songs. Television, records, coloring books, and story books are wonderful bad-weather recreation. Patients with reading disabilities, self-conscious in school, read with less stress during an informal recreation period.

### A Social Transformation

Teen-age dances conducted each month have been an education and revelation. Boys who usually scorn all approved modes of dress, primp like prima donnas for the dances; and girls in pretty dresses, hair bows and other trimmings seem like children we all know. Brief instructions given at the time of the first dance have stuck without repetition. Boys go to the "Smoking Room," girls to the "Powder Room," when necessary to be excused—the same boys and girls who generally use very different terms for these areas.

Response to dancing instructions and to the rhythm of the music temporarily erases the personal problems of these children. Everyone joins in, has his share of approved fun, guided not by orders of personnel, but by codes of behavior set up by the children themselves.

The realm of fantasy, or make believe, dear to all children everywhere, has been explored and brought into play.

First was an impromptu talent show where individual children, some with much talent, others with none, put on song, dance, and comedy acts with just enough training to round off rough edges, yet not too much to hinder self-expression. Some children who had been lost in the group were brought forward by their performances.

Then came a Tom Thumb Wedding. Thirty-two girls and boys rehearsed for weeks; hectic, noisy rehearsals when nothing was done right. But came the big day and thirty-two

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** Psychiatry, I believe, can begin to meet its obligations only with the help of all disciplines of bio-social significance to our patients. For this reason I am happy that the Annual Award of the Board of Managers of the New Jersey Neuro-Psychiatric Institute has been bestowed upon a member of this somewhat new discipline. Certainly recreational therapy in itself is not new; its definition as a distinct therapeutic entity is, however, only evolving.*

*Most striking in the article is the keen sensitivity, the empathic appreciation of childhood and the sheer pleasure of giving which the author reveals. It is a challenge to all who are privileged to help in the direction or training of such people—a challenge to impart scientific, specific methodology without narrowing the locks of this abundant reservoir of therapeutic human potential.*

*Recreational therapy, like most other therapeutic ventures of the past, must evolve from a need, go through a phase of empiricism to specific applicability. For the most part we are still in the empirical or intuitive phase of application, gathering many impressions and some statistics for testing predictability in order that we may achieve the ultimate of specific, prescribed recreational therapy. It is gratifying that some effort is being made to analyze the components of various recreations so that they may be selected to suit the needs of individual patients.*

***E. Calvin Moore, M.D.***
***Assistant Superintendent***
***N. J. Neuro-Psychiatric Institute.***

children, ill in many ways and degrees, walked in the measured steps of all bridal parties, down the aisle to the insipiring strains of Lohengrin's Wedding March. The bride was a lovely little girl just completing a series of electric shock treatments which had helped many of her problems. Her interest and delight in *her* bridal dress, *real* veil and lovely bouquet, were immeasurable. Now, months after, this little girl, who was once quite withdrawn and still is at times, asks about *her* "bride's dress" and thinks it should be worn for all parties and occasions.

A black haired sprite of six years whose pre-Institute history included stories of abuse, cruelty to pets, and profanity worthy of the proverbial sailor, was a dainty blue-clad flower girl scattering flowers on the bridal walk. Her delight in her pretty dress and floral headpiece could only be matched by her sparkling eyes.

**Outdoor Sports**

Came baseball season and boys who often use excess energy in devious, non-constructive ways, built a ball diamond under supervision.

Friends donated complete Little League outfits and boys who felt deprived from one cause or another, made great issue of demanding all the paraphernalia of big time ball players to the detriment of their ball playing ability. But they did practice regularly; they played games against outside competition and nothing was lacking in effort or enthusiasm. One boy whose aggressive behavior is quite cruel now makes an effort at self-control, and spends much time playing with baseball cards which come in bubble gum packages and reading about ball players, with the idea of someday being a big-time ball player. His interest is such that the idea might become a goal.

Swimming trips for both girls and boys were made possible by interested persons and twice each week carefully selected and supervised groups went swimming in an indoor pool, girls one time, boys the next.

Their reactions were most educational. Boys whose behavior is the most aggressive were often the most timid, which could indicate that aggressive behavior is a cover-up for fears. A shy boy whose retiring behavior excluded him from the group

*Recreational therapy for young patients at Eastern State Hospital, Williamsburg, Virginia, includes boxing lessons, to teach sportsmanship and self-confidence. Here, during an outdoor sports session, the referee instructs the opponents while other young patients and personnel in the group discuss the previous bout.*

gained a place by being one of the few good swimmers. Girls were much more daring than the boys; they made greater efforts to learn to swim, rather than just play. All improved with additional sessions as to responsibility for dressing, undressing and proper care of their own clothes and belongings. All of this was very disorderly on the first trip and left for accompanying personnel to do.

**Difficulties Set Aside in Play Acting**

During the recent holidays a Christmas play brought forth new talent in a few and developed further that of children who had participated in similar activities on other occasions. A boy whose constant mischievous behavior is difficult for all was given the part of a clownish Jack-In-The-Box who livened up things in Santa's Toy Shop. A little girl who is confused about her own identity and prefers two gun holsters and boxing gloves (and is a match for any boy twice her size), sang a lullaby to a doll cherished for the brief time.

Another little girl, who refuses to talk audibly except to her peers (some selected personnel) was a Christmas Fairy who, by means of her glittering magic wand, had the power to give speech to Santa's very live toys. This child of her own volition asked to give a Christmas recitation. This she recited at rehearsals, having no difficulty memorizing, but when confronted with an audience could not complete it. But she did try.

**A Constant Source of Delight**

These same children have been taken off grounds to picnics, sports events, a music circus, concerts, and day outings to private homes. Carefully selected for such activities, they are still children whose problems made it impossible to care for them in their own environments. Yet with very few exceptions, none of the children give in to their behavior problems during such activities. It is a constant source of surprise, delight and education to observe their ability to adjust to their surroundings and each other, their acceptance of one anothers' problems and behavior, their assistance to each other, their overdependency, yet unquestioning faith in those they believe sincere in their associations with them. None of the marvelous insight or inherent honesty of children is lost in these children, distorted maybe at times but still basically present.

The permanent benefit of recreational therapy for these children, I leave to the evaluation of the clinicians. That it can temporarily benefit and improve I know from first-hand experience. This has convinced me that few, if any, therapies give a better opportunity than does recreation for observation and understanding of children in need of help.

# Standardizing for Efficient Procurement

By RAGNAR JOHNSON, Steward
*Danville State Hospital, Danville, Pa.*

In organizing an efficient institutional procurement program, certain basic principles must be borne in mind. It must be recognized that certain aspects of procurement are fundamentally the same for the small institution as for the large institution; likewise, that the type or character of the institution rarely affects the basic principles of purchasing. Conversely, it must be conceded that virtually every institution has purchasing problems or conditions that are more or less peculiar to that institution alone. Consequently, a successful procurement system demands a degree of flexibility that will deal effectively with all existing factors.

The primary objective of the institutional procurement program should be to establish a system that will insure an adequate supply at all times of the various items essential to normal operation. Coincidentally, the system should be designed to reduce to a minimum the accumulation of materials and supplies beyond the optimum requirements. To permit the accumulation of materials and supplies beyond a reasonably adequate point not only needlessly ties up funds but opens the way for potential losses resulting from deterioration and obsolescence. It also necessitates a greater investment in storage facilities than is dictated by actual needs.

Perhaps the first step that should be taken in launching an effective procurement system is to scrutinize carefully every item that is being consistently purchased by the agency. This phase of the project should have as its goal the establishment of the very minimum of types, styles, sizes and qualities of materials and supplies consistent with well founded needs. Every effort should be made not only to eliminate each and every superfluous item, but each and every unnecessary type, style, size and quality as well.

In pursuing this task, the aid of those members of the institutional staff who usually work with or use the various items purchased should be freely enlisted. Such individuals are familiar with the actual conditions of use, and thus admirably qualified to help establish acceptable standards.

### New Products Considered

Completion of the initial task of standardizing should by no means be considered final and conclusive. A constant vigil must be maintained over this phase of the purchasing program to insure that every advantage is realized from the appearance of new and improved products on the market.

Available specifications should be identified with the finally selected items wherever applicable and utilized in purchasing to the fullest extent. Of course, the use of specifications developed by various governmental agencies is usually mandatory with many tax-supported institutions.

From this point on, the characteristics of the system used to control the various processes of institutional purchasing and stock replenishment may differ widely. Here again, many of the tax-supported institutions are obliged to adhere to prescribed systems under uniform governmental purchasing regulations.

One system that has been developed within the framework of the purchasing regulations prescribed by a State for its agencies has been effectively employed at our hospital for the past ten years. The Commonwealth of Pennsylvania has an established group purchasing system which channels through the Department of Property & Supplies at Harrisburg, the individual agency requirements of selected groups or classes of commodities such as textiles, chinaware, soaps and detergents, etc. This is done at prescribed intervals, on a collective basis. At the Danville State Hospital, this grouping has been extended to embrace many items not now included in the grouping established by the Department of Property & Supplies.

The groupings have been broadened to such an extent that practically every item that is either maintained in the General Storeroom or consistently purchased appears in one of the groupings. This plan has resulted in the creation of groups of related items with assigned identifying group or class numbers and titles such as the following:

900—Shoe Repair Materials
901—Boots and Shoes
902—Lamps, General Lighting
904—Hosiery and Clothing
960—Perishable Foodstuffs

Forms were printed on which were listed the various items comprising the individual groups, with a line for each size, type, etc. The form is headed "Group Purchase Requisition" and provides for insertion of the group number and title, along with space for noting the period of time to

Total Estimate _____ **GROUP PURCHASE REQUISITION** Basis _____
Date _____
Class or Division _____ For Period From _____ To _____

| Item No. | ITEM | Unfilled Orders | On Hand | Total | Average Month | Requested Quantity No. | Requested Quantity Unit | Unit Price | Total Cost | Order or Req't. No. | Vendor |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | |

*The Group Purchase Requisition form used at Danville State Hospital, after being filled out by the storekeeper, provides the purchasing officer with all the data needed to process requisitions. (The actual size of the forms is 11 x 16½ inches.)*

be covered by the request. Columns have been provided for item number; description of items; unfilled orders; quantity on hand; total of the two; an average month's usage (estimated); requested quantity for the period covered; unit; unit price; total cost; order number; and vendor's name and address.

### Tickler File Set Up

A tickler system was set up on 3 x 5 cards with a card for each group, on which was recorded the group number and title and on which are listed the periods of time (usually six months) which the group procurements cover. These cards are filed under a monthly index which serves as the control for the initiation of the group purchase requisitions. Initiation of the requisitions has been cycled to equalize the burden of processing and clerical effort over the months.

In actual operation, the purchasing officer refers to the tickler file at the beginning of each month to determine which of the groups are due for processing during that month. He provides the Storekeeper with the prepared group purchase requisition blanks corresponding with the tickler cards under that particular month and which are due for consideration. The Storekeeper checks his stock of each item listed and inserts this information, along with quantities on order but undelivered, in the proper columns. He also inserts the quantities needed for the period covered by the requisition, taking into consideration the factors of stock on hand and quantities undelivered. The purchasing officer, after satisfying himself of the accuracy of the facts stated thereon, approves the requisition for procurement.

Our experience has shown that this system affords several advantages: the purchasing officer maintains a firm grasp on the operations of the institutional purchasing system; the group purchase requisition provides a handy and valuable check list for the Storekeeper; by processing all related items as covered by the group requisition at one time, the volume of orders is drastically reduced; by consolidating information in one requisition, a ready source of reference pertaining to past purchases is provided.

## KANSAS INAUGURATES PROPERTY CONTROL

By A. C. YOPP
*Asst. Director of Institutions*
*Kansas Dept. of Social Welfare*

The 1953 Kansas Legislature enacted legislation requiring that all state agencies maintain inventory records showing all fixed and movable property of the state. The records are to be based on a physical inventory and charged with all subsequent purchases, manufacture, or other methods of acquisition. They would be reduced by all property traded in, condemned or otherwise disposed of.

Our staff in the central office, in cooperation with representatives of the several hospitals and schools, developed what seemed to be the most effective and simplest way to accomplish this project. Procedures and forms to be used in the project were developed so that a fair degree of uniformity would evolve. It was planned that the initial inventory would be prepared by each hospital and sent to the central office where IBM cards would be punched with all pertinent data. Subsequent additions or reductions would be similarly processed.

It was our desire that once the initial inventory had been completed, subsequent inventories, which are required annually, could be made simply by sorting the cards according to the general classification required and printing the inventory in the central office, thus eliminating the necessity of having each hospital manually type thousands of items. It was decided that each item of non-expendable equipment would be assigned a number, which would be affixed by processes found to be most suitable for each particular item. In most instances, a rubber stamp proved to be adequate, while others required a tag, stencil, or an electric etching process.

An equipment inventory form having an original and three copies was designed. This serves as the inital inventory, addition to inventory, reduction in inventory, and memorandum receipt. It is designed to supply the following general information: name of the institution, department, location, and the purpose for which the form is being used. Detailed information includes property or identification number, article and description, model number, factory serial number, condition, age, value, and classification code. Items of equipment are listed on this form and the accountable employee affixes his signature. The original is retained by the property officer, a copy is forwarded to the central office, a copy to the state controller, and the final copy is retained by the accountable employee.

Through this process we were able to comply with the legal requirements; but it was thought, since such an inventory had to be taken, we should record information which would be of benefit to the hospital in its day to day operation. A permanent record card was designed whereby significant information would be available on a moment's notice. A visible record file is being used for this purpose. It contains complete information on each item of equipment, such as manufacturer, vendor, model number, serial number, date purchased, purchase document number, date received, voucher number, and cost. It also shows accountable department, type of transaction (whether sold, disposed of, transferred, etc.), location, date of transaction, age, condition, depreciation, and present value. Naturally all this information could not be obtained on the initial inventory, especially on items which may have been in use over a long period of time, but it was considered worth while to start setting up such records. This file saves much time in searching records for information such as that needed to order replacement parts.

Having identification numbers on equipment has proved helpful to the institutions in many respects. It has reduced the practice of moving equipment from one area to another without regard to the total hospital needs; eliminated interdepartmental competition for stockpiling and hoarding valuable equipment; reduced pilferage; solved a problem for the repair shops of determining the proper location of items of equipment which have been sent in for repairs; established a sense of personal responsibility among employees to protect state property; enabled management to evaluate requests for purchases from department heads more intelligently and has provided a valuable source of information for preparing budgets.

# DEPARTMENTS

## Community Relations

### SIMPLE, INFORMATIVE MATERIAL IN BOSTON ANNUAL REPORT

"The largest hospital in the Commonwealth of Massachusetts" —Boston State Hospital, under the direction of Dr. Walter E. Barton, Superintendent, publishes its Annual Report in a form that the man in the street can read and understand.

Normally "stuffy" statistics are brought to life in a slick-paper, modern format under such story headings as "Who are the Patients?" "Patients are People," "Patients Do Get Well." A section entitled "How We Help Patients Get Well" describes observation and examination before treatment, what kind of personnel care for and treat them and how "team work" helps. The activity services are illustrated by fine photographs. The medical and surgical aspects of the mental hospital are described and the section is ended with a brief account of the follow-up program.

Dr. Barton brings in the community by acknowledging the service of the volunteers, the gifts received and the special entertainment given. A paragraph on Briggs Out-Patient Clinic serves to remind the public that preventive psychiatry can help a potential patient remain in the community.

The research and training sections of the hospital are described quite fully and the latter section should certainly serve to encourage young people to make hospital work—and mental hospital work at that—a life career.

"It Takes a Lot of People to Run a Hospital" talks about administration, food service, domestic and housekeeping departments, and indoor and outdoor maintenance.

The total hospital force, including all professional and other staff, is nearly 1,000 persons, the report concludes, and only about six percent of the expenses are met by relatives of the patients. In 1954 the cost was $3.25 per patient day of care.

Dr. Barton ends his report with a frank statement of his needs—adequate appropriations, enough personnel and relief from overcrowding.

"It is not possible to do the same job for $3.25 that public general hospitals do for $20 per patient day," he points out reasonably. "We shall continue to do the best we can with the resources at our disposal, but we are eager to do better. We would give our patients more individualized and less regimented care. As the hospital treats more patients, more employees are needed. An intensive treatment program sends more patients home in a shorter time and it also improves the adjustment of many still not well enough to leave, but it takes a lot of doctors, nurses, attendants, occupational therapists, social workers and many others to work together to achieve these results."

Any number of the public, with little or no knowledge of psychiatric hospitals, would learn a great deal after half an hour's reading of this report. The presentation is direct, vivid and factual. More such carefully prepared, simply written annual reports would do much to educate communities as to the needs of their public mental hospitals.

## Training

### NURSES STUDY EMPLOYEE RELATIONS

In recognition of the need for nursing supervisors to understand concepts of employee-supervisor relations, the N. J. Neuro-Psychiatric Institute arranged a course of six weekly conferences for its professional nurses. The program was developed in conjunction with the Institute of Management and Labor Relations of Rutgers University.

Emphasis was placed upon the basic principles of supervision and discipline, job planning, employee training, communication, and other aspects of developing sound working relationships.

The nurses received certificates upon completion of the program.

## Equipment

### UNBREAKABLE MIRRORS DEVISED FOR DISTURBED WARDS

Some years ago, Dr. Cleve Odom, when he was Superintendent of Little Rock (Ark.) State Hospital, put mirrors in the wards for disturbed women patients. He found that natural female vanity did much to rehabilitate these women and there was very little destruction.

Now from a New England hospital comes a suggestion for a non-breakable mirror costing about one-tenth as much. These "mirrors" are made by framing chrome-plated "ferrotype" plates used in photography. Dr. R. A. Chittick, Superintendent of Vermont State Hospital, reports that while they are not quite as good as plate glass or safety type glass mirrors, they are fairly satisfactory. They have been in use for about two years and there has been very little destruction from scratching.

## Clinics

### "WELL BEING" CLINIC ESTABLISHED IN MONTREAL

This unusual clinic is an extension of the "well baby" and "well woman" clinics common in the field of physical medicine and public health. It was established by the Department of Psychiatry of McGill University acting through the Mental Hygiene Institute and the Allan Memorial Institute, with the cooperation of the Montreal Y.W.C.A.

The director is Dr. Alastair W. MacLeod, and the primary objectives of the clinic are the promotion of an adequate state of mental health and the detection of early signs of mental illness. Professional assistance is made available to people who wish advice on their emotional adjustments, their interpersonal relationships and the problems of home and work.

"It has become increasingly evident that many people experience such serious social isolation that they go through a process of severe emotional starvation which, in many cases, is comparable to physical starvation," Dr. MacLeod told a press conference at the opening of the clinic.

# Farms

## IRRIGATION SYSTEM AIDS DIET PLANNING

Portable sprinkler irrigation systems have been profitably used on mental hospital farms in Kentucky, and means of increasing the acreage under irrigation are being devised.

The first two systems were installed in 1950, on a limited acreage. Water was obtained from the institutional water system. The demand for irrigation water has now exceeded these supplies, and the additional need is being met by the development of large farm reservoirs.

Irrigation has eliminated the risk of having to replant seed through lack of moisture or because of soil crusting, made possible the production of high quality vegetables regardless of natural moisture conditions and allowed the institutional dietitions to plan further in advance when, and in what quantity, they may expect vegetables for table use.

FRANK M. GAINES, M.D.
*Commissioner Dept. Mental Health, Ky.*

# Medicine & Surgery

## M & S RESIDENTS AFFILIATE AT STATE HOSPITAL IN OHIO

The organization of medical and surgical activity at Longview (Ohio) State Hospital incorporates the services of two of the larger general private hospitals in the Cincinnati area, the Good Samaritan and Jewish Hospitals.

Medical residents serve at Longview as part of the general rotation of service from the Jewish Hospital. Surgical residents from both the Jewish and Good Samaritan Hospitals serve at Longview for six months, as part of their senior resident training.

During this period, the residents, under the direction of qualified staff members, have responsibility for medical and surgical patients. Part-time physicians from Longview State Hospital supervise the work of residents engaged in medicine, while surgical staff from the two affiliating hospitals superintend the academic as well as the practical courses in surgery. The pathology department of the Cincinnati General Hospital conducts tissue work on surgical patients, and performs a recognized percentage of autopsies on patients who die in the state hospital.

Under this scheme, the state hospital is capable of all types of medical and surgical treatment, including the specialized procedures of gastroscopy and brain surgery. Treatment in dermatology, otolaryngology, opthalmology, proctology and orthopedics is undertaken with the assistance of part-time specialists who pay weekly or more frequent visits to the hospital.

The development of an adequate X-ray department is under the control of a qualified roentgenologist, and complemented by residents from the Cincinnati General Hospital.

This expert service, which is somewhat more advanced than that available in many state hospitals, contributes enormously to the ultimate benefit of patients at Longview, and the care of over 3,500 hospitalized patients provides valuable experience to medical and surgical residents.

DOUGLAS GOLDMAN, M.D.

Pyschiatric Unit, Jackson Memorial Hospital, Miami, Fla. Equipped with Truscon Steel Intermediate Louver Detention Windows. Steward and Skinner, architects. Edward M. Fleming Construction Co., contractors.

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A NAME YOU CAN BUILD ON

# ARCHITECTURAL STUDY

## Widening Avenues of Investigation

By CHARLES K. BUSH, M.D.

*Director, Architectural Study Project*

With the approach of the time when funds obtained from grants to initiate the Architectural Study Project will be exhausted, it becomes necessary to appraise the work accomplished, how much is yet to be done, and how it is to be financed.

The gathering of information on the problems of design of mental hospitals has proceeded systematically from viewing the hospital as a whole to the present studies of the individual parts. The discovery that there is little basic factual information about the architectural needs and what actually goes on in various units of a mental hospital pointed up the necessity for some basic studies. Opinions of administrators as to the types of treatment given and how effective they are have not necessarily been borne out in the statistical study now being made. A thing which seems to stand out is that overcrowding and lack of qualified personnel limit the usefulness even of the most carefully planned building. It takes both a good functional building and sufficient personnel to use it to its maximum effectiveness to make a good program work.

In the light of present knowledge, the study which has been started seems to be a long-term proposition because of the many subjects to be studied and because, with each newly discovered psychiatric treatment, the results of this treatment need to be evaluated for their effect on future planning. Adequate bed space, sufficient living, dining and recreation areas, however, are basic needs. New concepts of treatment may open locked doors, decrease seclusion rooms, provide more space for out-patient or day-care patients, but the basic requirements should not change appreciably. The size of nursing units, the number of single and double rooms which are needed in a nursing unit, the best arrangements for living and recreational areas the practicability of central or dispersed kitchen and dining areas, the economical aspects of the use of various materials, taking into consideration maintenance as well as initial cost, are some of the problems which will require lengthy and probably expensive study.

Wherever institutions have been visited, the staff has expressed dissatisfaction to a greater or lesser degree with the facilities in which they have to work. This is the first opportunity that many of these people have had to think about this matter, with a hope that something might be done in future planning to make their work easier and improve the care of the patients. The cooperation of personnel at various institutions where studies have been made has been of the highest order. Without such continued cooperation, future studies could not be made.

In order to finance the continuation of these studies, which would seem to be so vital to the programming and planning of new mental hospital construction, it will be necessary to set up a consultation service, with modest charges for services rendered. It is not intended that this activity should be in competition with private consultation services, and it would be available to both public and private organizations. This service would be most beneficial in the initial planning stages, and it is believed that arrangements for the consultations should be made through the responsible State authority or the private organization financing construction.

It is hoped that the Study Project can continue to give, free of charge, advice and information on planning to doctors, architects, administrators and other hospital personnel when requested, because it is felt that this is a worthwhile endeavor.

The ability of the Study Project to continue its studies to provide the most economical and practical facilities for the care of mental patients will depend on the amount of consultation services requested.

# Ward Buildings for Disturbed Patients

## *Columbia Division, South Carolina State Hospital*


**Architects:**
**LaFaye, Fair, LaFaye & Associates**
**Columbia, S. C.**

**Mechanical Design:**
**The McPherson Company,**
**Greenville, S. C.**


Planning for four new ward buildings for disturbed patients—the architect's sketch is shown above—was started only after the State Mental Health Commission and the architects had spent some weeks of investigation of buildings for similar purposes already existing in other states. Visits of inspection were made to Virginia and Maryland, and some study time spent in each of these states, in order to obtain the latest ideas and the most progressive thinking about the best methods of housing and treating disturbed patients.

Two of these buildings are for male and two for female patients. The extensive site was graded and leveled to accommodate all four buildings in one line, distant enough for reasonable privacy and near enough for service purposes.

### Accessible Out-door Areas

The buildings, as can be seen in the sketch, are one-story, thus enabling patients to reach outdoor areas easily. The double-E shape of the buildings provides each one with two enclosed exercise courts. Each court is paved with green concrete and has planting beds along the walls. Adjacent to each of the end wings is an additional exercise yard enclosed by climb-proof fences, and having outside toilet facilities.

Each building has a capacity for 152 patients in four nursing units, or a total of 608 patients. One building for each sex has a wing with about twenty private rooms for acutely disturbed patients; the other two buildings have larger wards and fewer private rooms. All the buildings, however, have "built in" flexibility so that sections can be expanded back and forth for proper classification of patients, should the percentages of patients of differing behavior vary.

### Nursing Unit Plan

Basically, however, each building's four wards accommodate 38 patients each. Nursing units are strategically located to control the dormitories, day rooms, private rooms, and corridors, with direct visibility from each station to two others in case of emergency. Each nursing station is enclosed with heavy grill partitions for safety and air

circulation. All are linked by the intercommunication system installed in each of the four buildings.

Besides the larger open wards and a limited number of private rooms, each nursing unit has large and small day rooms, treatment rooms, utility room, a doctor's office, clothes and linen rooms and the necessary bath and toilet facilities. Provision is made for barber and beauty shops, occupational therapy and indoor recreation for men and women patients.

Each building has its own dining room, and the food is brought in insulated containers from the main kitchen of the hospital. The food containers fit into steam-heated serving counters. Patients, except those in confinement, are fed cafeteria style. Each serving kitchen has dish-washing facilities, and space for cans and can-washing.

All buildings are of fireproof construction (reinforced concrete) with brick exterior walls. Windows are security type throughout, with detention screens. For patients' private rooms, wire glass is used instead.

Floors through the four buildings are of vitreous hard clay tile, laid with a close hardened and waterproof joint. All exterior walls (on the inside) and all exterior partitions to the ceilings are constructed of glazed structural tile with hardened mortar joints. Four different colors of tile are used to afford variety and color harmony. Acoustical tile is installed in all areas except in the dormitories and private sleeping rooms.

Forced ventilation for rapid air circulation is provided throughout and buildings are heated by radiant heat, using forced hot water, several zones in each building. Steam is supplied from the central boiler plant.

### Area and Costs

The total gross area for the four buildings is 168,000 square feet—276.3 feet per patient. The total cost of the four buildings, including general construction, site work, plumbing, heating, ventilating, outside utilities, equipment and architect's fee, is about $2,948,790.00. Based on this figure, the cost per bed can be stated approximately $4,850.00.

The following breakdown of total costs may be of interest:

| | |
|---|---|
| 1. Construction—low bid four buildings | $2,347,000.00 |
| 2. Kitchen Equipment —low bid, four bldgs. | 63,040.80 |
| 3. Group 1 Equipment (Sterilizers, etc.) | 8,959.20 |
| 4. Contingency on 1, 2 and 3 | 50,000.00 |
| 5. Architects' fee (75% of 1, 2, 3 & 4, allowing for duplication) | 111,050.00 |
| 6. Groups II & III Equipment—beds | 152,000.00 |
| 7. Site Grading | 43,648.00 |
| 8. Surveys & Soil Investigation | 2,985.00 |
| 9. Water Mains to Building Sites (contracted) | 7,648.00 |
| 10. Electric, Steam & Sanitary Sewers to Building | 162,459.00 |
| Total Estimated Cost | $2,948,790.00 |
| COST PER SQUARE FOOT | $17.55 |

## A.P.A.-A.H.A. JOINT COMMITTEE TO HOLD FIRST MEETING

The first meeting of the Joint Committee established by the American Psychiatric Association and the American Hospital Association will be held in Washington, D. C., in June, 1955. The name of Dr. Sarah Hardwicke of the American Hospital Association staff was inadvertently omitted from the list of Committee appointees in the February issue of MENTAL HOSPITALS.

The Joint Committee was formed for the purpose of studying in what way the two associations might jointly provide assistance to psychiatric installations for the improvement of patient care with special reference (as included in the A.P.A. Resolution) to psychiatric units in general hospitals. The purpose of the first meeting will be to attempt to delineate the problems and to arrive at some idea of the scope of the Committee's activities. Comments or ideas from the membership of the A.P.A. regarding any aspect of this study will be appreciated by the Committee.

**In wards, half-walls can be built to ceilings.**

PHOTOS BY RUSSELL B. MAKEY

**Cafeteria is spacious and well-lit.**

· LEGEND ·

1 ENTRANCE LOBBY
2 VISITORS
3 CORRIDOR
4 TOILET
5 SECRETARY
6 DOCTORS OFFICE
7 TREATMENT
8 UTILITY ROOM
9 JANITOR
10 SOILED LINEN
11 PATIENTS CLOTHES ROOM
12 DAY ROOM
13 STORAGE
14 PRIVATE ROOM
15 SMALL LOUNGE
16 NURSES STATION
17 NURSES CLOSET
18 NURSES TOILET
19 CLEAN LINEN
20 PATIENTS TOILET
21 PATIENTS LAVORATORIES
22 PATIENTS SHOWERS
23 CLOTHES ROOM
24 CLOSET
25 PUBLIC TOILET
26 BEAUTY SHOP
27 ATTENDANTS TOILET & SHOWER
28 ATTENDANTS LOCKERS
29 APPARATUS STORAGE
30 CHAIR STORAGE
31 SUPPLIES
32 RECREATION HALL
33 OCCUPATIONAL THERAPY
34 WARD
35 DINING ROOM
36 DISH WASHING
37 SERVING KITCHEN
38 FOOD STORAGE
39 HELP TOILET & LOCKERS
40 GARBAGE REFRIGERATOR
41 CAN WASHING
42 YARD TOILET
43 EXERCISE YARD
44 RECREATION COURT

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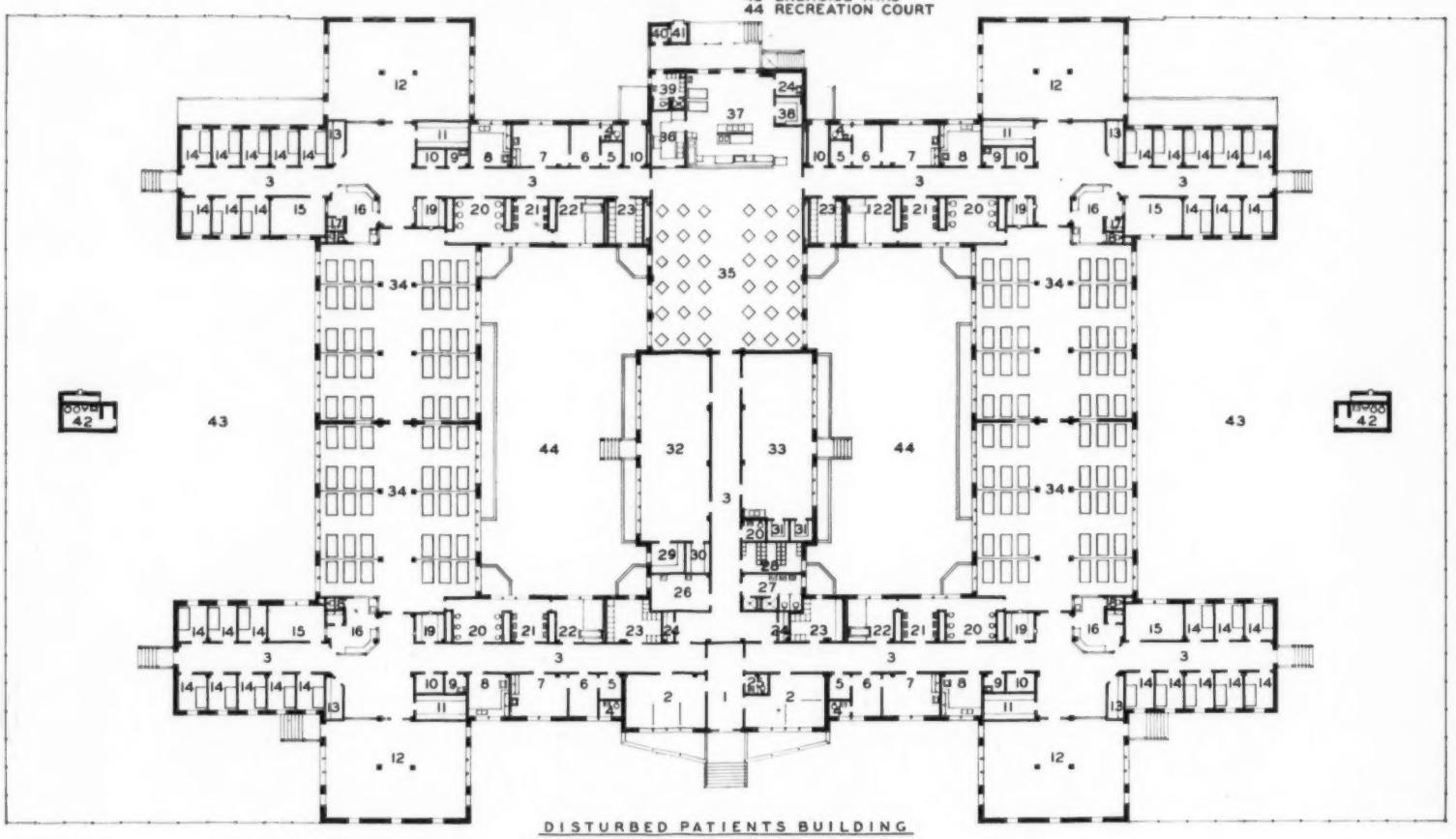
GRAPHIC SCALE



DISTURBED PATIENTS BUILDING
SOUTH CAROLINA STATE HOSPITAL
COLUMBIA AND STATE PARK DIVISIONS

DISTURBED PATIENTS BUILDING
SOUTH CAROLINA STATE HOSPITAL
COLUMBIA AND STATE PARK DIVISIONS

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41 CAN WASHING
42 YARD TOILET
43 EXERCISE YARD
44 RECREATION COURT.

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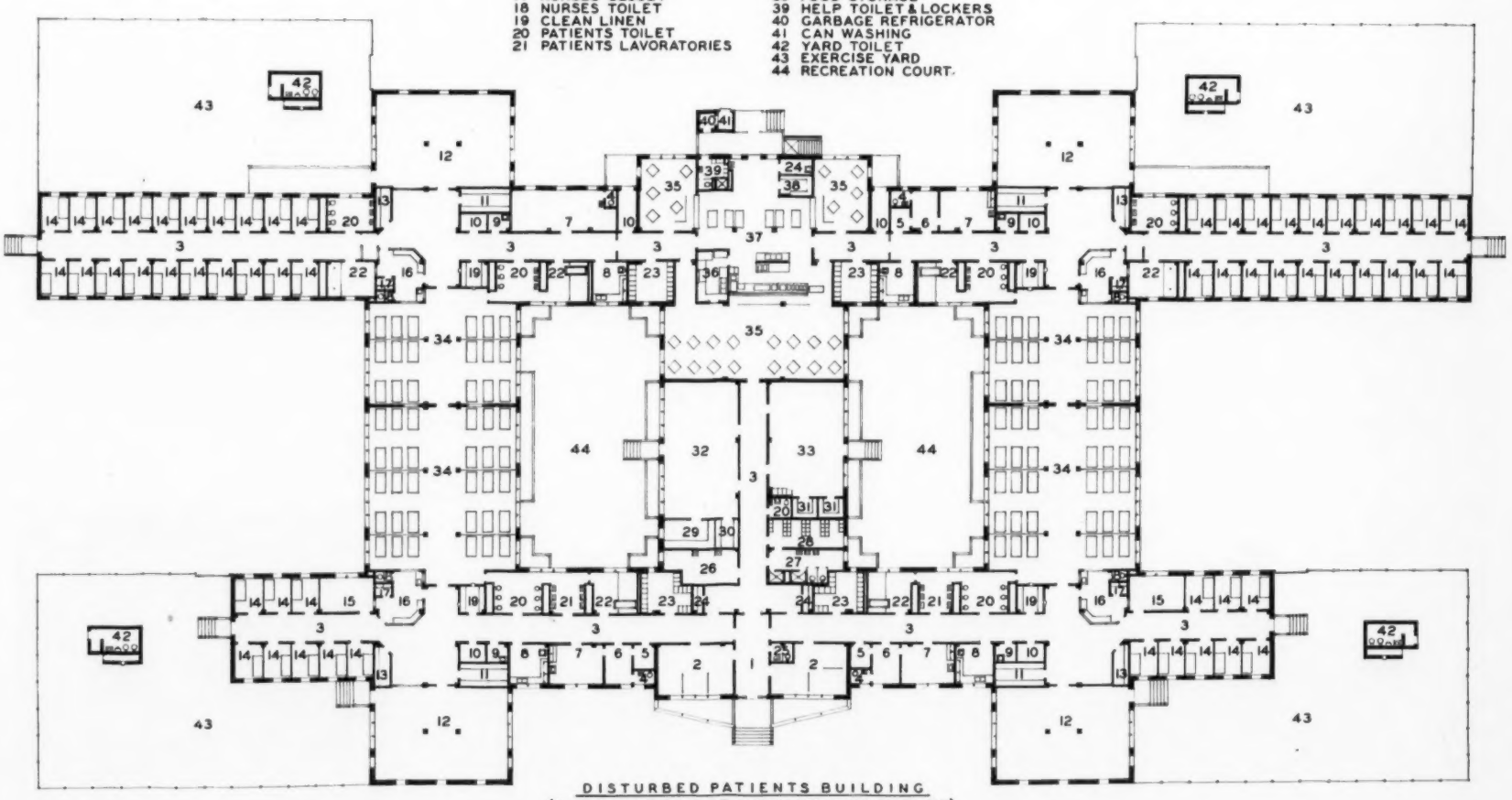
GRAPHIC SCALE



DISTURBED PATIENTS BUILDING
(WITH WARDS FOR MAXIMUM SECURITY)
SOUTH CAROLINA STATE HOSPITAL
COLUMBIA AND STATE PARK DIVISIONS

# THE PATIENT DAY BY DAY

## THE TYPE OF NURSE I'D LIKE TO BE

By IANTHA GUMBS, Wardmaid
*Neuro-psychiatric Unit*

*Knud-Hansen Memorial Hospital*
*St. Thomas, Virgin Islands*

**Ed. Note:** *The following article is reprinted from the Virgin Islands Health Bulletin, through the courtesy of the Virgin Islands Department of Health. The article was brought to our attention by one of our Contributing Editors, Dr. Lucy D. Ozarin, Chief of Hospital Psychiatry, Veterans Administration, who was impressed by the writer's warmly simple yet penetrating approach to her patients. The Neuro-psychiatric unit Miss Gumbs describes has twenty beds.*

If I ever have an opportunity to become a nurse, I would choose nursing in the psychiatric field because working in that field interests me most. I have a sincere feeling for that kind of patient. To me they always need your help. Most of the time you have to do their thinking for them.

As a wardmaid in the Neuro-psychiatric Unit of the Knud-Hansen Memorial Hospital my contact with the patients is regular. I work at least eight hours a day among them. I have conversations with them. Some of their conversation does not make sense but I just pretend that I understand what they are trying to say, and never at any time try to show that I do not understand them.

In addition to all this I give them water, milk, and juices, and play certain games with them. It's funny the way you can just be sitting with the patient as calm as ever, then all of a sudden that patient gets outrageous. Of course someone else might get scared of him, but something inside me makes me calm and casual toward him.

The way I feel toward a patient is hard to explain, but I will try and put it in a simple way. When a patient is mentally ill he loses a lot of things. He needs to be pampered as a child. Sometimes he is resentful. He hates himself and the whole world. When a person is in that state I have a feeling to help him. Of course, I have to accept a lot of unpleasantness, but since I have the feeling to do something for that patient I do not mind it.

One thing in dealing with patients, you should know their needs, which would include their likes or dislikes for certain things. Do not force anything on them that they refuse having. Treat them like human beings; not like animals, the way I've seen some treated. Last, but not least, don't be afraid of the patients. They must be shown that your feeling toward them is friendly, and you must try to show them how to cooperate with other inmates and the attendants.

Caring for them means giving them a full bath every day, seeing that they eat regularly. They must be given medical attendance frequently. The nurse must also check with the doctor because sometimes a patient that is in the hospital for mental illness does not see a doctor often.

One of the modern methods in dealing with a mental patient is the Outdoors Recreational Program, which is part of Recreational Therapy; this means trying to help the patient just in the way a doctor would prescribe medicine to you and give you the procedure for using it. In giving the patient a few hours of recreation, you help him to take his mind off his different troubles and bring him back into a normal kind of behaviour for a short time. You have to choose the type of sports suitable so that no one will get hurt.

Another method of treating patients is giving them Occupational Therapy. This means teaching them to work so that in the event of their release they might still be useful to the community. This type of therapy consists of teaching the patients to make beds, wash dishes, and as they advance, other things, such as sewing or gardening. You just have to let each patient choose what he wants to do.

Sometimes seclusion is necessary for some patients. I mean locking patients in their cells. When there is a shortage of personnel they are confined for longer periods than usual. It hurts at times to have to turn the key on them, but that's regulation, and means safety to the worker or the other patients.

Working with mental patients has given me a desire to learn more about the methods of treating them, and if I succeed in getting proper training in this field, I shall be glad of the opportunity to help as many as possible to re-establish themselves as good members of our community.

***Adolescent Patients Derive Exercise and Fun from Roller Skating***

*Roller skating is one of the outdoor activities enjoyed by the young mentally ill patients of the Adolescent Unit of Napa State Hospital, Imola, California. The Unit was opened a little over a year ago to provide the proper facilities for youngsters in this age group. Previously they were cared for on the adult wards, since they were too old to be included in the hospital's Children's Unit.*

*The hospital reports that their progress has improved greatly under the special program provided for them in the Adolescent Unit. Active diversions such as roller skating, which these girls are enjoying with the assistance of a psychiatric technician, have helped the youngsters re-gain the muscle coordination which many lost during prolonged periods of inactivity caused by their mental illness.*

*(Ed. note: A detailed account of a recreation program for mentally ill children appears on page four of this issue.)*

# Nursing Service

## PSYCHIATRIC AIDE WRITES "TEN COMMANDMENTS"

Psychiatric Aide II students at Anna (Ill.) State Hospital are asked, at the beginning and end of their training course, to list "ten ways to improve care of patients." A member of one class, Mr. Roy Powles, who has been employed at the hospital for seventeen years, offered the following "ten commandments":

1. Become acquainted with patients; let them know that you are at their *service* instead of their being your *servant*.
2. Never let them lie in bed when they could be busy and happy doing something such as R.T. or O.T.
3. Never use any therapy procedures as a threat to frighten them.
4. Get the patients to believe in you; never lie or misrepresent anything to them.
5. If a patient asks a civil question, answer him in the same way.
6. Never try to make a patient think you are better than he is.
7. If a patient complains of pain, never discount it in a joking, teasing way.
8. Do not try to "cover up" because your supervisor is not close at hand watching you.
9. Never try to influence a doctor to keep a patient on a locked ward because you have a personal dislike of him, by telling false things about him.
10. Treat all patients with like consideration, irrespective of creed, color or politics.

***New Building for Special Therapies, N. Y. Hospital-Westchester Division***

*The New York Hospital-Westchester Division, at White Plains, N. Y., is expanding its physical facilities in order to increase services to the community in treatment, teaching and research. Recently completed is the building for special therapies for the women's department, shown above; a similar facility is planned for the men's service. Under construction is a building to be used for the hospital's teaching program for affiliate nurses. Dr. James H. Wall, Medical Director of the hospital, reports that each year over 250 student nurses, from seven of the larger hospitals in the New York City area, receive their psychiatric experience and instruction at the Westchester Division. The hospital also plans to add an out-patient department.*

# Ancillary Services

## PRESS CLUB LAUNCHES NEW PATIENT PROJECTS

Several patient projects at the Western State Hospital, Fort Supply, Okla., have come about through the efforts of the hospital's Press Club. One of the club's first projects was to arrange for a suggestion box to be put in the recreation hall, for the use of all patients. Last year the Press Club was responsible for obtaining a yearly subscription to a daily newspaper for each of the 34 wards. The funds were solicited through the columns of the hospital newspaper, *New Horizons*, which has 1700 readers. Within two months the necessary $540.00 had been raised.

The Press Club was started in January, 1953, when the hospital's department of rehabilitation inaugurated *New Horizons*. The paper was to be, first and foremost, a spokesman for the patients, and secondly, a means of informing the public about the various activities and personnel of the hospital. In order to assure a steady flow of news and a constant supply of reporters, the press club was formed. Two patients from each ward were recruited by the ward personnel to serve as reporters for their area.

A local newspaper printed cards for the club, stating that the bearer was a member in good standing, and bearing the official stamp of the hospital and the superintendent's signature. This additional prestige has greatly helped in securing new reporters.

The press club meetings set a social precedent in the hospital. They were the first group of patients to meet freely in a mixed group. During the business meeting men and women sit together around tables to discuss the various suggestions under consideration. Afterwards, during the recreation hour, they play cards and dance or just talk over a coke or coffee. Outdoor meetings are held in the summer months, featuring weiner roasts and picnic suppers.

The success of this venture inspired the hospital staff to concentrate on other small-group activities as a resocializing situation. On special occasions, male wards play host to female wards for parties, and the compliment is later returned by the ladies. On the two receiving wards this interchange of social amenities has become a twice-weekly affair. It is felt that a healthy social attitude has developed between the wards and the individuals involved, as a result.

**FRANK L. ADELMAN, M.D.**
Superintendent
Western State Hospital
Fort Supply, Oklahoma

## EDITORIAL

The years from 1844 to 1860 were vital ones for American hospital psychiatry. During this period something like 20 hospitals were established, the majority of them through the efforts of Dorothea Lynde Dix and the growing importance of the Association of Medical Superintendents of American Institutions for the Insane.

During the year 1855, four hospitals opened their doors to patients—the Northern Ohio Lunatic Asylum (now the Cleveland State Hospital), the Southern Ohio Lunatic Asylum (now the Dayton State Hospital), Brigham Hall, Canandaigua, N. Y., and The Government Hospital for the Insane in Washington, D. C. (now St. Elizabeths Hospital.)

The year 1855, representing as it did the peak of this great period of "moral treatment," humanitarianism and hopefulness, was an important one. And because of its importance, both historically and humanely, we are producing next month an unusual issue of MENTAL HOSPITALS. On the specially designed cover you will read "Published by the Association of Medical Superintendents of American Institutions for the Insane, May 1855."

With one major exception, an editorial by Dr. Winfred Overholser, our Chief Consultant and Superintendent of St. Elizabeths Hospital, the issue consists entirely of material published a hundred years ago, in annual reports of existing hospitals, in the American Journal of Insanity (then published by the Utica Lunatic Asylum) and even in patients' journals.

Dr. Overholser's editorial, besides evaluating the past, attempts to foretell what our present-day hospitals might look like to our successors in the year 2055, and what picture hospital psychiatry might then present.

Because we believe that this special issue has significant public education value, as well as being an attractive and valuable memento of the past, we will print a larger quantity than usual, so that you may obtain extra copies. It is suggested that it would make an excellent souvenir to give to visitors to your hospital during Mental Health Week.

DANIEL BLAIN, M.D.
Medical Director.

# COMMUNITY SERVICE NEEDS ACUTE, ARKANSAS SURVEY REVEALS

A comprehensive program to improve mental health facilities was recommended in January by the Governor's Committee to Survey Arkansas's Mental Health Needs and Resources. Dr. Daniel Blain, A.P.A. Medical Director served as committee co-chairman, with Dr. E. H. Crawfis, Superintendent of the State Hospital.

The Committee was appointed last year by the then Governor, Francis Cherry, since succeeded by Governor Orval E. Faubus. Copies of its Report were delivered to the Members of the Arkansas legislature during its recent session.

While Arkansas has made substantial increases in mental health expenditures over the past ten years, the Committee said that further increases will not be easily obtained. The state is not wealthy, and 1954 was the third successive year of heavy crop losses in its predominantly agricultural economy. Other items, such as schools and roads, are putting heavy pressure on the state budget.

At the same time, the number of physicians in the state has been declining; there is an acute shortage of trained personnel coupled with limited training facilities; and prevailing salaries are below those offered by neighboring states.

The Committee also found conditions favorable to progress, chiefly the active interest in the state government among professionals and among civic organizations. This was made evident in the public hearings held by the Committee in October.

Several past surveys had been made of the Arkansas State Hospital, all concluding that it was understaffed and overcrowded, inadequate for either custody or treatment. While many improvements have been made since, the Committee found that needs for space and staff are still acute.

The Governor's mandate to the Committee, however, asked the group not to confine its attention to the hospital, but to study total state-wide mental health needs.

The Committee's recommendations were responsive to this mandate, proposing steps to be taken in communities which might, among other benefits, relieve some of the pressure on the State Hospital. The Committee also set a pattern for development of hospital staff and facilities, including the establishment of a 300-bed school for retarded children, psychiatric wards in general hospitals, special facilities for psychotic older patients and a maximum security unit.

### Priorities Arranged

The Committee presented these and other recommendations in a series of steps to be taken in successive years, arranged in a scale of priorities. Highest priority was given to a few critical needs, but primarily to items which would yield maximum results in relation to funds appropriated.

All categories of hospital staff personnel are below A.P.A. standards. The Committee recommended, as a first step, immediate action to add 3 clinical psychologists, 15 occupational therapists, 10 psychiatric social workers, and 28 registered nurses.

"Hiring a few well-trained professionals immediately, to assist the present psychiatrists in pre-admission screening and preparation for discharge, would result in more effective use of psychiatrists and better experience in admissions and discharges," the Committee declared.

Psychiatric clinics are needed in the major population centers of the state, the Committee said. Traveling clinics, manned by personnel from the psychiatric facilities in the Little Rock area, were recommended as an initial step, to visit major population centers. With this beginning, the Committee predicted that support for clinics could be obtained from sources other than state funds.

Among the needs for out-patient treatment, the Committee cited a system of special classes for handicapped children, with trained teachers hired, necessarily at first, from outside the state. Vocational guidance and training workshops, as a bridge from school to work, were also recommended.

Earmarking one per cent of total mental health expenditures for research was also given high priority.

The Committee recommended that the Legislature combine the mental health functions of the state in a single Department of Mental Health. It also recommended immediate action to fill vacancies in the present residency program; to establish combined training programs (at the State Hospital, University and VA Hospital) for psychiatric nurses, psychiatric social workers, and clinical psychologists; and to expand in-service training programs at the State Hospital.

"Development of a full-scale mental health program in Arkansas will require dynamic leadership, skillful negotiations with local and private agencies, and unremitting effort," the Report asserted. "It will also require a high order of professional ability and administrative skill."

Among the assets encouraging to progress, the Committee mentioned the present close collaboration between professionals at the State Hospital, University and VA Hospital, providing a broad range of professional skills for treatment and training. The construction of the University Medical Center close to the State Hospital provides a strong base.

### Recommendations for Future

For the future, the Committee recommendations called for a permanent shift of emphasis away from custody to intensive treatment. It also presented a pattern of community services and facilities which would, as developed, provide care for many mentally ill adults and children without commitment to the State Hospital.

Members of the Governor's Committee included state officials concerned with health, welfare, and education, the dean and head of the department of psychiatry of the state medical school, the director of professional education at the VA Hospital, a general practitioner, a clergyman, a representative of women's organizations, an attorney, an industrialist, and an educator.

The A.P.A. contributed to the study through the consultation service of the Medical Director, Dr. Daniel Blain (and Acting Medical Director, Dr. Harvey J. Tompkins during Dr. Blain's illness), Mrs. Jane Greverus Perry, field survey worker and other members of the central office staff.

# Current Events

## Bi-Partisan Support in House & Senate for Mental Health Bills

Growing public realization that the great majority of the mentally ill can be treated and returned to the community in a relatively short period of time was emphasized by several professional people, as well as by the Secretary of Health, Education and Welfare, during testimony supporting House Joint Resolution 230 and Senate Joint Resolution 46 early in March. The Joint Resolution would provide for an "objective, thorough and nationwide analysis and reevaluation of the human and economic problems of mental illness, and for other purposes." The other purposes include the publication of annual reports during the three-year study period.

In the Senate the bill was introduced under bi-partisan auspices by Senator Lister Hill, Chairman of the Senate Public Welfare Committee, on behalf of 30 Senators. The House Bill was introduced by Rep. H. Percy Priest, Chairman both of the Subcommittee on Health and Sciences and the full Committee on Interstate Commerce.

The Joint Resolution will be known as the "Mental Health Study Act of 1955," and despite the appropriations requested in the House bill, it is considered necessary, and provision is made for, the acceptance of additional financial support from private or other public sources to carry out this proposed non-governmental study.

Mrs. Oveta Culp Hobby, Secretary of Health, Education and Welfare, presented testimony supporting the bills. Others who testified included Dr. Daniel Blain, Medical Director of the American Psychiatric Association; Dr. Fillmore H. Sanford, Executive Secretary of the American Psychological Association; Dr. Harvey J. Tompkins, Chief of Psychiatry & Neurology, Veterans Administration; Mr. Mike Gorman, Executive Director, National Mental Health Committee; Dr. David B. Allman, Chairman of the Committee on Legislation of the American Medical Association and Dr. Leo H. Bartemeier, Chairman of the A.M.A.'s Council on Mental Health; Mr. Joseph Curran, Chairman of the Congress of Industrial Organizations' Social Security Committee; Dr. George S. Stevenson, Consultant, National Association for Mental Health; Dr. Francis J. Braceland, Dr. Winfred Overholser, Superintendent of St. Elizabeths Hospital and Dr. Robert H. Felix, Director of the National Institute of Mental Health.

The Social Legislation Information Service has devoted its entire current issue to this and other allied proposals designed to strengthen federal, state and local measures in the field of mental health; the presentation includes an outline of a report prepared for the Hoover Commission under the direction of Dr. Francis J. Braceland. *Copies of this issue have been made available to MENTAL HOSPITAL SERVICE, and will be distributed as a Supplementary Special Mailing immediately following the publication of this issue. Extra copies will be available on request from M.H.S.*

## Community Interest in Cleveland Centennial Bright Omen for Future

The enthusiastic efforts of an interested and cooperative community were apparent throughout the program celebrating the 100th anniversary of the opening of Cleveland State Hospital on March 3rd.

Four hundred and fifty people attended the anniversary program, which had been planned and carried out by a volunteer group recruited from Clevelanders interested in the hospital.

A week of Open House had preceded the Centennial date, and visitors saw examples of century-old equipment, as well as charts and three dimensional exhibits showing the change in mental hospital care and treatment during the past hundred years. Posters painted by staff members and by local schools illustrated the history. Patients had spent weeks in making preliminary preparations for the Open House and for the celebration, and hospital personnel had appeared on various radio and television programs. Cleveland newspapers cooperated in carrying stories outlining the hospital's problems and editorials predicting the future.

"We salute 100 years of progress; we look forward to another," said one editorial.

The Medical Director of the A.P.A., Dr. Daniel Blain, had planned to attend but bad weather prevented his reaching Cleveland. His speech was read by Dr. Douglas Bond, head of the Department of Psychiatry, University Hospitals.

"Much mental illness can be cured and its appalling spread checked," wrote Dr. Blain. "But we cannot do it alone. For many years the public somehow lost its sense of participation. Today we know that to solve this problem (of treating the mentally ill) we must have continuous and adequate public support, both financial and moral.

"There is a gross lag between medical knowledge about mental illness and its application."

"There will be greater changes in psychiatry during the next 100 years than were dreamed of in the last hundred years," commented Dr. Bond. "This shows up especially in the progress made in such fields as chemotherapy."

"It is our duty as citizens to give the staff of this hospital the tools and the facilities with which to give more adequate treatment," said Mr. Louis B. Seltzer, Editor of the Cleveland *Press* and Chairman of the Centennial Committee.

"Its physical facilities are inadequate for the tremendous task assigned to it. But despite its deficiencies, it is a better hospital today than it has ever been before. Those patients who follow will find even more improvement if an aroused and informed public opinion keeps the improvements going forward."

Governor Frank J. Lausche of Ohio, whose plane had been grounded in Columbus by the weather, sent a personal message, delivered by the Honorable Anthony J. Celebrezze, Mayor of the City of Cleveland.

"Much is being done to provide increased care for the mentally ill in Ohio, and I will do everything possible to make a substantial portion of the surplus funds available to carry out these plans," the Governor pledged, adding that he would give mental hospitals priority in the budget.

Speaking on his own behalf, Mayor Celebrezze paid tribute to the personnel and hospital volunteers, and stated:

"We are in a transition period and thinking more in terms of preventive medicine than ever before. I predict more advancement in the next 50 years than in the past 100 years."

Dr. John D. Porterfield, Director of the State's Department of Mental Hygiene and Corrections also pleaded for better care for mental patients.

A Centennial Plaque, contributed by two professional artist volunteers, was unveiled, and a "Centennial Tree", a buckeye sapling, provided by the Cleveland Metropolitan Park Board, was planted as a symbol of the next 100 years of growth. A one hundred year old Tulip Poplar was labelled as the original Centennial Tree.

Boy Scouts and members of the American Legion took part in the program, and the latter organization presented a flag for the hospital grounds.

"The Centennial observance was an excellent opportunity for us to educate the community further about the nature of mental illness, as well as to demonstrate the need for additional funds to alleviate overcrowding and increase personnel," Dr. William L. Grover, Superintendent, commented, in sending this material to MENTAL HOSPITALS. "It is undoubtedly true that bricks alone will not solve our problems and that more educated personnel are urgently needed. Nevertheless, overcrowded firetraps and inadequate plant make it difficult for the best hospital staff in the world to give the kind of treatment which will ultimately result in more discharges and less re-admissions."

## Hospital Administration Program at Menninger Foundation

The A.P.A. Committee on Certification of Mental Hospital Administrators has granted temporary approval for a period of two years to the proposed training program in psychiatric hospital administration for psychiatrists developed at the Menninger Foundation, Topeka, Kansas. Full details can be obtained from the Education Department of the Foundation.

Trainees will be admitted under two different systems. Any state may apply to send a trainee and pay the salary of the individual while he is spending his time in the program, with the understanding that he will then return to the state that sponsored him. In addition a limited number of stipends of $7,500 a year will be made to psychiatrists who apply personally and are accepted.

The first class will probably start on September 1st, 1955. The program will cover all aspects of hospital administration. A member of the faculty will devote full time to organizing the courses and integrating the academic instruction with the laboratory training.

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## NEW ADDITIONS TO M.H.S. FILM LIBRARY

*The following two new films will be available after April 1st from the M.H.S. Film Library, through the Psychological Cinema Register of Penna. State University. New booking forms will be sent to M.H.S. subscribing institutions this month.*

***"Nurse's Day in a Mental Hospital."* Reviewed by members of the Nursing Dept., St. Elizabeths Hospital, Washington, D. C.**

The film, "Nurse's Day in a Mental Hospital", was produced last year by Drs. A. E. Bennett and E. A. Hargrove, of Berkeley, California; it runs 22 minutes, black and white, sound.

Those who reviewed the film agreed that the picture was very realistic and symptoms were depicted in an excellent fashion. It shows the relation of the student nurse to the graduate nurse and, on the whole, depicts a cheerful optimistic approach to the care of the mentally ill. The group felt that it could be used advantageously in the training of affiliate student nurses.

Adverse criticism was at a minimum but included the following: The color in some spots of the picture was dark; no student nurse participation was shown in the occupational therapy department; and it was felt that it would help if there could have been audible conversation between the student nurse and head nurse.

"Nurse's Day in a Mental Hospital" excellently portrays the student nurse's role in the mental hospital. The setting is realistic, and it shows a portion of the nurse's responsibilities in caring for the patient who is undergoing therapies such as insulin, electro-shock, and narco-therapy. The relationship of the student nurse to the graduate nurse is shown very well in the morning group meetings. It is a fine training film for mental hospitals with affiliate nurse programs.

***"Back to Life."* Reviewed by R. M. Van Matre, M. D. Chief, Psychiatric Training, P. & N. Service, VA Central Office.**

This black and white 16 mm sound film, which runs 30 minutes, was produced under the sponsorship of the Commonwealth of Pennsylvania.

This documentary film tells the story of a skilled workman who becomes seriously mentally sick, disturbed and suspicious, following war experiences and post-war stress with job and co-workers, and has to be hospitalized. The specifically psychiatric treatment is depicted only sufficiently to create a suitable background for the main emphasis, which is on the coordinated efforts of the hospital staff in pre-discharge planning and maintenance of post-discharge adjustment. The film shows well the uses of occupational and manual arts therapy in restoration of job skills, of the psychologist in estimating job potentials, of the rehabilitation worker in job placement, and of the social worker in preparing family and friends for the patient's return home. This picture demonstrates how, in rather ideal circumstances, the basic needs of a discharged mental patient for a home, a job, and a group can be met.

"Back to Life" is suitable for orienting the staff of a less progressive mental hospital in modern pre-discharge planning and preparation. The film is perhaps even more useful for educating the lay public, especially industry, in proper acceptance of the recently discharged mental patient. For influencing lay attitudes toward the recovered mental patient, "Back to Life" could effectively be programmed with "The Patient Returns' (produced under the same sponsorship) since the former shows the happy effect of proper public attitudes as contrasted with the latter, which portrays the disastrous effect of a less accepting environment.

# PROFESSIONAL CONFERENCES

## Dr. Noyes Addresses Little Rock VAH Institute

With a registration of 1,223 participants, the Seventh Annual Institute in Psychiatry and Neurology at the Veterans Administration Hospital, North Little Rock, Arkansas, opened on the morning of February 24 for a two-day program. The honored guest at this event was the President of the American Psychiatric Association, Dr. Arthur P. Noyes, Norristown, Pennsylvania, who appeared twice on the lecture program. Dr. Noyes listed several observations drawn from forty years in the field of public mental hospital administration and laid great emphasis on the fact that mental hospitals should be near teaching hospitals and should form a component part of the teaching program. He suggested the abandonment of such activities as farming as a form of therapy and warned staff members against permitting themselves to become isolated within their own institution and not contributing vitally to the life of the surrounding community.

Dr. Winfred Overholser, Superintendent of St. Elizabeths Hospital, Washington, D. C., spoke on "Some Relationships of Psychiatry and the Law." He described "ideal commitment" as being dependent upon three factors; (1) The law should place no hindrance in the way of the comfort or restoration of the patient; (2) The law should spare exposure of personal troubles and conflicts and avoid conflicts with community prejudices; (3) The law should protect the individual from wrongful imprisonment and enforced hospitalization. As principal speaker at the Institute banquet, Dr. Overholser spoke on "The Evolution and Prospects of the Public Mental Hospital." He pictured the progress made over a period of years and emphasized the continuation of adequate training as a contribution to the care of the mental patient.

Dr. Henry Weihofen, Professor of Law at the University of New Mexico, Albuquerque, presented a paper on "Problems Arising in Hospitalization and Incompetency Proceedings" and later addressed the Institute on "Problems Arising in So-called Criminal Insanity Cases."

Dr. Ewing H. Crawfis, Superintendent of the Arkansas State Hospital for Mental Diseases, Little Rock, talked on the subject of "Psychiatric Observations in Criminal Cases" and presented several cases of record in his own experience which emphasized the problem confronting the staff of mental hospitals when required to render opinions bearing upon the mental condition of criminals referred to them by courts for observation. He emphasized that the psychiatric team does not have the responsibility of determining guilt or innocence in crime and cannot give a simple answer to the question sometimes posed by the authorities: "Was he sane or insane when he did it?"

The meeting closed with a panel discussion participated in by Drs. H. M. Hawkins, Melvyn J. Gardner, and L. N. Judah, psychiatrists, and Dr. O. D. Murphree, psychologist, on the subject of "Evaluation of Therapeutic Usefulness of Thorazine and Serpasil."

Dr. Ewin S. Chappell, Director of Professional Education at the host institution, served as moderator. Tentative dates announced for the next (Eighth Annual) Institute in Psychiatry and Neurology are March 1 and 2, 1956.

## Many Disciplines Discuss Mental Health Techniques

The American Orthopsychiatric Association held its annual meeting in Chicago on February 28, March 1 and 2. Among the papers given were a number having fairly direct application to mental hospitals. These included discussions on childhood schizophrenia, juvenile delinquency, psychotherapy, research, rehabilitation, clinical teams, and psychological testing. (The term "orthopsychiatry" was coined to express the idea of achieving "straight-mindedness" through therapy given early enough to prevent further difficulty. The membership of the American Orthopsychiatric Association includes psychiatrists, psychologists, psychatric social workers, and other professional persons engaged in the study of personality and behavior and in the treatment of emotional disorders.)

The subject of the opening general session was "The Contribution of Orthopsychiatry to Psychiatry, Psychology and Social Work."

A symposium on "Responsibilities for Leadership in Mental Health" stressed the role of psychiatrists in communty mental health efforts. Their work is principally in a consultant capacity, it was said, and their main responsibility to use both their professional and civic initiative to help bring about postiive community action.

Another symposium, "Progress in Orthopsychiatry," reviewed the developments in psychiatry, psychology and allied disciplines, as they relate to the multidisciplinary approach of orthopsychiatry.

The dual role which must be assumed by team members in many clinics, hospitals and agencies, was discussed in a paper on "The Clinic Team in the Adult Psychotherapeutic Clinic," by Clifford J. Sager, M.D., of the Post-graduate Center for Psychotherapy, New York. One role requires the traditional use of each team member's special skills as psychiatrist, psychologist, or social worker; the second role, that of pychotheraptist, may be common to all. One of the most significant items stressed was the need for additional training for all the team members (after completing traditional training) which is specifically directed towards developing their greater competence in psychotherapy.

A successful rehabilitation program for discharged patients was described in a paper on "Rehabilitation of the Mentally Ill through Controlled Transitional Employment," by Leopold Bellak, M.D., and Bertram J. Black, of the Altro Health Rehabilition Services and Workshops, New York City, and Joseph S. A. Miller, M.D., and Abraham Lurie, of Hillside Hospital, Glen Oaks, N. Y. The program was carried on cooperatively between the hospital and the rehabilitation service, using its workshop to provide industrial convalescence. The working conditions were made to resemble those of normal employment situations, with adequate support from psychiatric, social casework and vocational guidance personnel.

# News & Notes

### Professional Meeting to Mark St. Elizabeths Centennial

Authorities on mental illness from the United States, South America and Europe will participate in a professional meeting at St. Elizabeths Hospital, Washington, D. C., on May 5 and 6 in connection with the hospital's One Hundredth Anniversary.

Founded through the efforts of the Boston samaritan, Dorothea Lynde Dix, St. Elizabeths was opened in 1855. The Act of Congress formally establishing the now famous institution was signed by President Franklin Pierce on March 3 of that year. The May meeting, marking 100 years of progress in the care and treatment of the mentally ill, will be a principal event of the Centennial.

Dr. Arthur P. Noyes, President of the American Psychiatric Association and formerly First Assistant Physician at St. Elizabeths, will participate in the meetings, and Dr. Gregory Zilboorg, of New York, noted medical historian and psychoanalyst, will address a dinner meeting at the Willard Hotel on the closing day, May 6. Dr. Winfred Overholser, Superintendent of St. Elizabeths, will preside at the meetings.

Participants from outside the United States will include Dr. G. Ronald Hargreaves, Director of the Mental Health Division of the World Health Organization, Geneva, Switzerland; Dr. Paul Daniel Sivadon, Director of Mental Hospitals, Department of the Seine, France, and Dr. Honorio F. Delgado, Director of the Department of Neuropsychiatry, University of San Marco, Lima; Dr. Ramon Sarro Burbano, University of Barcelona, Spain; and Prof. Fritz D. Roeder, Gottingen, Germany.

Dr. Nolan D. C. Lewis, Director of Research at the N. J. Neuro-Psychiatric Institute, Princeton, N. J.; Dr. Bernard Glueck, of Washington, D. C., outstanding authority on forensic psychiatry, and Dr. Zigmond Lebensohn, Professor of Psychiatry at Georgetown University, Washington, all former members of St. Elizabeths staff, will be participants.

Other American participants and the subjects on which they will speak will include Dr. Henry Brosin, of Pittsburgh, Pa., psychiatric education; Dr. Alfred H. Stanton, Boston, Mass., social psychiatry; Dr. Gardner Murphy, Topeka, Kansas, psychology; and Miss Hester Crutcher, Albany, N. Y., psychiatric social service.

On Thursday evening, May 5, a historical drama, based on the life of Dorothea Dix—planned, written and acted by patients at St. Elizabeths—will be presented. (Later in the year a new admission and treatment building at the hospital, to be known as the Dorothea Lynde Dix Pavilion, will be dedicated.)

The forthcoming meeting at St. Elizabeths Hospital immediately precedes meetings of the American Psychoanalytic Association and the American Psychiatric Association at Atlantic City. Persons attending these meetings from considerable distances will thus be able to attend the St. Elizabeths meetings without having to make a separate trip.

All psychiatrists and members of related professions are invited to attend the St. Elizabeths meetings.

### A.P.A. Section on Mental Hospitals To Focus on Rehabilitation

Four papers on rehabilitation will make up the program of the Section on Mental Hospitals at the A.P.A. Annual Meeting, being held May 9-13 in Atlantic City, N. J. "Psychiatric Implications in the Rehabilitation of Physically Disabled Patients," will be given by Dr. Saul H. Fisher, of New York City; Dr. Ralph R. Notman, of Boston State Hospital, will present "A Pilot Study in Rehabilitation and Rehabilitation Personnel"; "Motivation for Chronic Patients" will be presented by Dr. Peter A. Peffer, Manager of the Brockton (Mass.) VA Hospital; and Dr. Joseph D. Sullivan, of New York City, will give "Psychiatric Service in an Outpatient Rehabilitation Center."

### Seventh Institute Announcements To Be Sent Early

Advance enrollment forms and preliminary program announcements for the Seventh Mental Hospital Institute are expected to be ready for sending to all M.H.S. subscribers during the latter part of May. This is several weeks earlier than usual, since the Seventh Institute is being held two weeks earlier than customary. This year's meeting, being held in Washington, D. C., is scheduled for October 3rd through 6th.

Dr. Harvey J. Tompkins, Chairman of the Program Committee, has announced the appointment of Dr. Lucy D. Ozarin, Chief of Hospital Psychiatry, Veterans Administration, to serve on the committee.

# People & Places

Dr. Robert T. Hewitt was appointed Chief of the Mental Hospital Consultation and Survey Service of the National Institute of Mental Health. . . . Plans are underway for construction of a 258-bed neuropsychiatric addition to the Veterans Administration Hospital in Houston, Texas. . . . Dr. Ernst Schmidhofer, formerly of the VA Hospital at Jackson, Miss., was appointed Medical Director of the Milwaukee County (Wis.) Asylum, and Dr. Morris Gelfman was named Clinical Director. . . . In Canada, Dr. B. H. McNeel, superintendent of the Ontario Hospital, St. Thomas, was appointed director of community mental health services for Ontario. Replacing Dr. McNeel at St. Thomas is Dr. C. A. Cleland, superintendent of the Ontario Hospital, Toronto. . . . Dr. Bernard Kline was appointed Assistant Superintendent of the Mayview (Pa.) State Hospital. . . . Dr. Joseph C. Tatum, formerly Chief of Professional Services at the VA Hospital, Tuscaloosa, Ala., was named to succeed Dr. Thomas J. Hardgrove as Manager of the VA Hospital, American Lake, Washington; Dr. Hardgrove is Manager of the VA's new neuropsychiatric hospital at Sepulveda, Calif. . . . Miss Lavonne M. Frey, Associate Professor and Chairman of the Dept. of Psychiatric Nursing at the University of Pittsburgh, has been appointed Superintendent of Nursing and of the School of Nursing at St. Elizabeths Hospital, Washington, D. C. Her appointment will be effective August 1. . . . Dr. Arnold A. Schillinger succeeded Dr. Roger P. Hentz as manager of the Northport (N. Y.) VA Hospital; Dr. Hentz has retired after 30 years in VA service . . . Dr. Harry H. Brunt was appointed superintendent of New Jersey's new state hospital at Ancora.

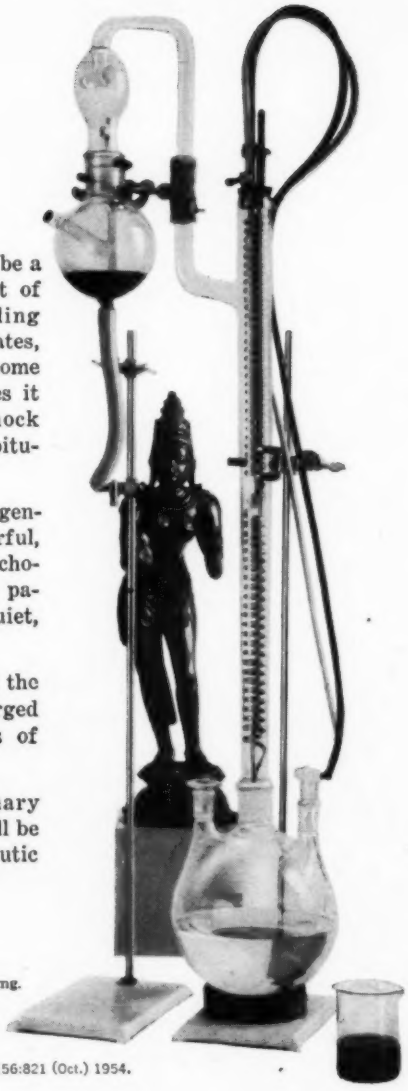
## A NEW EMOTIONAL STABILIZER FOR NEUROPSYCHIATRIC THERAPY

**Serpasil,** in a recent study,[1] proved to be a valuable supplement in the treatment of neuropsychiatric conditions, including schizophrenia, paranoid and manic states, general paresis with psychosis and some cases of depression. In many instances it eliminated the need for electroshock therapy, restraints, seclusion and barbiturate sedation.

**Combative, uncooperative patients** in general became friendly, cooperative, cheerful, sociable and more amenable to psychotherapy under Serpasil. Hyperactive patients became sedate, noisy patients quiet, depressed patients alert.

**Serpasil produced remissions** in 20 of the 74 patients studied. Eight were discharged from the hospital. Long-term effects of treatment have not been determined.

**If extended studies** confirm preliminary findings, the authors state, Serpasil will be one of the most important therapeutic agents in the history of psychiatry.



*Parenteral Solution* (for psychiatric use only), 2.5 mg. Serpasil per ml., 2-ml. ampuls.
*Tablets*, 1.0 mg. (scored), 0.25 mg. (scored), 0.1 mg.
*Elixir*, 0.2 mg. Serpasil per 4-ml. teaspoonful.

1. Noce, R. H., Williams, D. B., and Rapaport, W.: J. A. M. A.: 156:821 (Oct.) 1954.

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